**Reproductive Health Sub-Working Group Meeting Minutes**

**Date:** Tuesday 19th Sep

**Venue:** UNFPA office

**Time:** 09:30-11:15

**Attendance:**

#### Dr. Faeza Abu Al-Jalo – UNFPA

#### Deifallah Al Sheikh – UNFPA

#### Nawal Al Najar-IRD

#### Dr. Dina Jardaneh - UNHCR

#### Nidal AL Masadeh – UNHCR

#### Ranad Fakhoury – Caritas

#### Nisreen Al Bitar- HSD

#### Fadi Owais – IMC

#### Elsa Groenveld – MEDAIR

#### Amani Al Bohisi-TdhItaly

#### Alain Gonzalez – Alianza

#### Laura Ciudad Rioja – Alianza

#### Dr. Fouad – IRC

**Agenda:**

Welcoming remarks

Follow up on last meeting action points

Client Service Station (CSS) by Dr. Nisreen Bitar/ HSDA

JRP, 3RP Brief

Camp Update (Zaatari and Azraq)

Agency Update

AOB

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| 1. **Follow up on last meeting minutes:** | |
|  | * UNHCR to share the recommendation of the emergency obstetric care: **Pending** * UNFPA to share the presentation of miscarriages with all partners: **Done** * UNHCR +UNFPA: to identify a team to revise the CHV tool kit: **Already provided a feedback** * NHW to share their SOPs once finalized (end of Aug): **the SOPs under printing, will be presented once finished** * UNICEF will discuss with MoH about the neonatal screening program to include more people and to figure the cost: **Still pending** |

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| 1. **Client Service Station (CSS) by HSDA** | |
| **Overview and objectives of the CSS:**  **The Role of the CSS:**  **CSS design and placement:**  **Staffing:**  **CSS Tools:**  **Monitoring of CSS functions:** | * Orient clients to receive an integrated package of care * Improve client experience and knowledge about MCH services * Improve client understanding regarding integrated services * Decrease missed opportunities for RMNCH+ services * Increase access to Maternal and Child Health Services * Serve as an entry point to provide clients with needed information and services * Receive and orient women of reproductive age and those with children under five seeking MCH services and direct them to all needed services according to eligibility criteria * Greet each client and ask a series of questions according to a checklist, to define the services for which she is eligible * Provide clients with materials to orient them to different services according to their eligibility, including relevant educational materials * The station will be located within the MCH Unit or records department based on the following: * Current work flow * Availability of staff for the CSS * SDP infrastructure * In general it should be located to catch all clients visiting the MCH clinic. It should be in the MCH arrival or reception area, near the front door. * Each SDP will identify which of their staff will cover the CSS. * Work load will determine the staffing needs of the CSS. For most clinics the CSS preferred to be staffed by a nurse, and in larger clinics there should also be a clerk. * CSS staff will follow a structured process to identify the needs and eligibility of each client for specific services. * Two log books to register clients who are eligible for other services: * Mother log book * Child log book * Clients cards, includes the services client seeking plus services is eligible for, and information about the services client should get from each service: * Mother card * Child card * Two indicators will be used to track the effectiveness of the CSS in reducing missed opportunities: * The number of clients who came for one service and who were referred for other services, according to their eligibility. * Percent of the referred clients who received at least 50% of additional services for which they were eligible |
| **Action Points** | * **UNFPA to share the presentation with all partners** |

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| 1. **JRP, 3RP BRIEF** | |
|  | * The JRP workshop will be launched between 24th-26th Sep in Dead Sea * Any agency or NGO didn’t submit their appeals under either Refugees of Resilience component they can’t be registered and can’t submit their appeals * The Inter-Sector Working Group is now preparing the 2018-3RP- inter agency planning database on Activity info, and the Information Management Team will do a training sessions on its operation.  The trainings target the staff from UN and NGOs who will be entering project data and budgets into the database * If any agency is appealing for any IP, then that IP will not appeal for same project * The process after Dead Sea workshop is to develop a detailed project summary sheets that are comprehensive lists of interventions to achieve sector overall objective. * The document is based on the JRP logical framework (sector overall objective, sector specific objective, project, project objective indicators, and targets) and budget. * Ensure that the JRP planned project budgets are realistic based on the past years’ achievements and are sufficient to fill in the unmet needs of refugees |
| **Action Points** | * **N/A** |

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| 1. **Camp updates** | |
| **Discussion** | **Zaatari Camp: IRC**   * Antenatal Care to the pregnant women * Postnatal Care to the mothers in their postnatal period and their newly born babies * Family planning services * Health educations and awareness raising on RH issues   In addition to this, the facility also provides EPI services to children and TT vaccination to pregnant women and women of child bearing age in collaboration with MoH.  **Azraq Camp: IMC+IRC**   * The IRC will start the delivery of Reproductive Health services at village 3, 5 and 6 at Azraq camp in October 2017 Azraq camp. These services were previously provided by the IMC at the same health facilities. The IRC is coordination closely with the camp authorities, UNHCR and UNFPA and awaiting the MOPIC approval to start the activities. The IRC Women Empowerment and Protection (WPE) department will also start providing GBV services at the same villages after getting MOPIC approval. * RH services were resumed as planned; 5 days a week from 9am-4pm in PHC villages 3 & 6 and 7 days a week in PHC in village 5. * 5 midwives only out of all RH team were recruited/re-joined when the program was resumed; 3 were deployed to work in PHC in village 5, 1 in PHC in village 6, and 1 in PHC in village 3. * Antenatal care provided for pregnant women until 36 weeks’ pregnancy (vital signs, measurements). * Referrals and follow up of high risk patients, STI`s, UTI treatment, and new cases of family planning for oral contraceptives all cases of injectable contraceptives. * Postnatal care. * Family planning services, couples and family counselling were provided Couples counseling and family counseling. * Education sessions conducted to beneficiaries on the following topics: family planning, early marriage & GBV awareness, vaccination, ANC and PNC, hygiene, STI`s and preventative behaviors. * Midwifes participated in information sessions provided on weekly basis in WGC V3, V6, sessions provided as group discussion between midwife and beneficiaries. * TT vaccination for pregnant and non-pregnant woman, Anemia screening for women during and after pregnancy were provided |
| **Action Points** | * **N/A** |

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| 1. **Agency Update:** | |
|  | **IMC:**   * The Community Health Team (CHT) conducted a total of 1251 unique home visits. * Community Health team referred a total of 1617 cases to different components and NGOs in Azraq camp. 80 % of theses referrals were directed to health services. * 829 of refugees were educated (ages 12 and above) on reproductive health. * During home visits CH have identified, reported and followed up on ANC visits, PNC visits, Family planning and TT vaccinations  |  |  | | --- | --- | | Subject | # of cases identified, educated & followed up in August | | ANC visits | 19 | | PNC visits | 125 | | TT vaccine | 2 | | Family Planning | 65 |  * During the month of August CH team visited 129 newborn families during the first week of delivery * During the month of August CH team identified, referred, documented and followed up on 164 cases in need of vaccination services * In coordination with UNHCR, UNICEF, ACF, ACTED and IMC; Community Health team is following up on all scabies cases in the camp * CH team received a total of 8 medical referrals from various organizations in the camp. * CH team referred a total of 239 cases to different organizations in the camp. * Lice Training was provided to all CHWs (August 8th & 9th). * As part of the medical emergency response (first responders) pilot at Azraq camp and under the direct coordination of UNHCR; 4 community health workers attended a first aid course at Jordan paramedic Society (JPS) on August 1st. All 4 CHWs trained were part of the first responder’s pilot in Azraq camp (August 20th- 31st)   **HSD:**   * Finished the fourth collaborative session, the session is focusing on CSS stations and finished the data collection from the 55 health centers and 10 NGOs that will start working with HSD in the beginning of October. * IUD training was conducted for midwives and physicians from MoH * Implanon training was conducted also   **TDH-Italy:**   * The project of RH was functioning on mid of Sep * The project is funded by Polish medical mission and it will last for four months * The main component for this project is to provide comprehensive package of RH, maternal, child and neonatal care as form of ANC, PNC and family planning and also Nutrition. * The second main component is about establishing mobile unit and equipping it with the needed equipment, the mobile clinic will be ready to be functioning in the second phase of this project. * The third component is about capacity building as TDH will collaborate with MOH to provide a comprehensive RH training for13 medical staff.   **Caritas:**   * Caritas is planning to have a free medical day in Irbid starting in 27th Oct * This medical day is targeting 400-500 Syrians, Iraqis and Jordanians women in reproductive age. * The medical day contains examination of pediatric, dentist and nutritionist in addition for blood test and blood pressure. * Sponsors of baby products will be available during the medical day.   **JWU:**   * Started the new project of RH and maternal care in the beginning of Sep. * The project will be implemented in 3 governorates (Amman, Irbid and Zarqa) * JWU will provide the figures of this project by next meeting   **UNHCR:**   * Finished the second round of the emergency obstetric care training for 15 midwives and gynecologist from Azraq and Zaatari camps mainly IMC and JHAS * The consultant now is in the final phase of drafting the report and the recommendations, before sharing the final report UNHCR will do a meeting with key partners (JHAS, IMC, UNFPA and UNCHR) to discuss the drafted recommendations. * The second round of the participant manual and the facilitator manual has been shared for feedback for the community health volunteer tool kit development, the agency participated were MEDAIR, IMC, IRD, UNFPA and UNICEF * During Aug when the ANC services were stopped at Azraq Camp, the midwives at were receiving 3 cases every week for pregnant women with iron deficiency anemia * The hepatitis B screening protocol for Syrian Refugees in Jordan have been reviewed by a committee from MoH, waiting for the updates and the comments. |
| **Action Points** | * **HSD to share the IUD training schedule with UNFPA** * **HSD to share with all partners the clinical pathways for maternal anemia and screening and management for child anemia (under 5)** * **UNFPA to share the RH and Nutrition key messages with all partners** * **UNHCR to share the comments of MoH regarding the Hepatitis B screening** |

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| 1. **AOB** | |
|  | **UNFPA:**   * UNFPA is linking the RH and GBV services together through IPs, in addition to that it is highly recommended to reflect the adolescent youth should through RH services as it’s in the coming plan for 5 years (Country program) * In need to build a capacity for health care providers who are trained on clinical management of rape (CMR), to make sure that this service should be provided 24/7 in the camps and host community either for treatment and referrals. |
| **Action Points** | * Next RH meeting will be 19th Oct |